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Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

FEE TRANSMITTAL
for FY 2007

☐ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT	($)	810.00

Complete if Known	
Application Number	10/569,236
Filing Date	February 22, 2006
First Named Inventor	Alexandros Tourapis
Examiner Name	Emmanuel Bayard
Art Unit	2611
Attorney Docket No.	PU030258; Customer No. 24498

METHOD OF PAYMENT *(check all that apply)* **CUSTOMER NUMBER: 24498**

☐ Check   ☐ Credit card   ☐ Money Order   ☐ None   ☐ Other (please identify): _____

☒ Deposit Account: Deposit Account Number **07-0832**   Deposit Account Name: **THOMSON LICENSING LLC**

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)
☒ Charge fee(s) indicated below   ☐ Charge fee(s) indicated below, **except for the filing fee**
☒ Charge any additional fee(s) or underpayments of   ☒ Credit any overpayments
fee(s) under 37 CFR 1.16 and 1.17

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

FEE CALCULATION (All the fees below are due upon filing or may be subject to a surcharge.)

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

	FILING FEES		SEARCH FEES		EXAMINATION FEES		
		Small Entity		Small Entity		Small Entity	
Application Type	**Fee ($)**	**Fee ($)**	**Fee ($)**	**Fee ($)**	**Fee ($)**	**Fee ($)**	**Fees Paid ($)**
Utility	300	150	500	250	200	100	_____
Design	200	100	100	50	130	65	_____
Plant	200	100	300	150	160	80	_____
Reissue	300	150	500	250	600	300	_____
Provisional	200	100	0	0	0	0	_____

2. EXCESS CLAIM FEES

		Small Entity
Fee Description	**Fee ($)**	**Fee ($)**
Each claim over 20 (including Reissues)	50	25
Each independent claim over 3 (including Reissues)	200	100
Multiple dependent claims	360	180

Total Claims		Extra Claims		Fee ($)	Fee Paid ($)
_____	- or HP =	_____	x	**$50**	= $ _____

HP = highest number of total claims paid for, if greater than 20.

Multiple Dependent Claims	
Fee ($)	**Fee Paid ($)**
_____	_____

Independent Claims		Extra Claims		Fee ($)	Fee Paid ($)
_____	- or HP =	_____	x	**$200**	= 0

HP = highest number of independent claims paid for, if greater than 3.

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is $250 ($125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets		Extra Sheets		Number of each additional 50 or fraction thereof		Fee ($)		Fee Paid ($)
_____	- 100 =	_____	/ 50 =	_____	(round up to a whole number) x	_____	=	_____

4. OTHER FEE(S)

Fees Paid ($)

Non-English Specification, $130 fee (no small entity discount)   _____

Other (e.g., late filing surcharge):**FEE FOR RCE**   - $810.00   **$810.00**

SUBMITTED BY

Name (Print/Type)	GUY H. ERIKSEN	Registration No. (Attorney/Agent)	41,736	Telephone	(609) 734-6807
Signature					July 21, 2011

OPAP IAP23 JUL 25 2011 PATENT & TRADEMARK OFFICE

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Design	200	100	100	50	130	65	_____
Plant	200	100	300	150	160	80	_____
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_____	_____

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Signature	*[signature]*				July 21, 2011